



State of California - Employment Development Department

**Request for State Income Tax
Withholding From Sick Pay**

► File this form with the payer of your sick pay.

DE 4S



Type or print your full name

Your social security number

Home address (number and street or rural route)

City or town, state and ZIP code

Claim or Identification Number (if any)

I request income tax withholding from my sick-pay payments. I want the following amount to be withheld from each payment \$

Employee's signature ►

Date ►

- - - - - Detach along this line. Give the top part of this form to the payer; keep the lower part for your records. - - - - -

General Instructions

The Information Practices Act Notice. — Information collected on this is for administering the Personal Income Tax Law, Section 13028.6 of the California Unemployment Insurance Code.

Purpose of Form. — To request State Income Tax withholding from sick pay. File this form **ONLY** if the sick pay is received from a third party, such as an insurance company or trust. You do not have to file this form if you receive sick pay from your employer as you have previously submitted a withholding form.

You may not want to use the DE 4S if you already have all your tax liability covered by estimated tax payments or other withholding.

Definition. — Sick pay is a payment you receive:

- (a) under a plan your employer takes part in, and

- (b) in place of wages for any period when you are temporarily absent from work because of sickness or injury.

Amount to be Withheld. — Enter on this form the amount you want withheld from each payment. You can use the worksheet accompanying the DE 4 to estimate the amount of income tax you want withheld from each sick-pay payment.

Statement of Income Tax Withheld. — After the end of the year, you will receive a W-2 reporting the taxable sick pay paid and income tax withheld during the prior year. These amounts may be included on your W-2 with your other wages and withholding.

Changing Your Withholding. — The DE 4S remains in effect until you change or cancel it. You can do this by giving a new DE 4S or a written notice to the payer of your sick pay.